

silent treatment

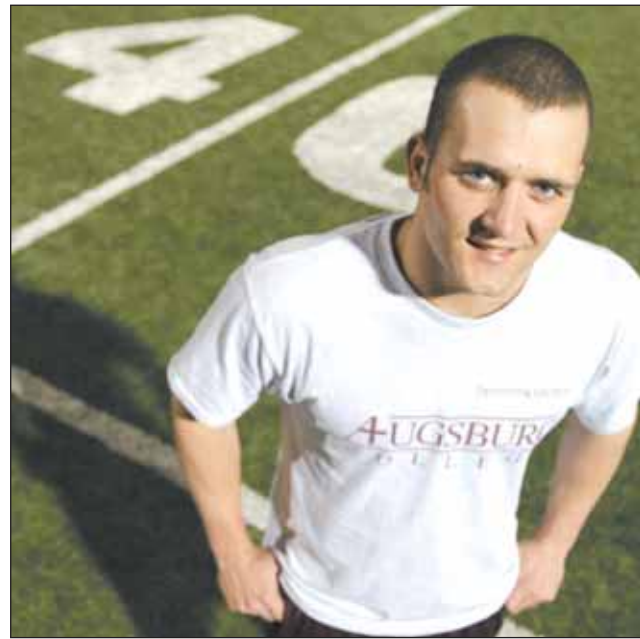
ADDICTION IN AMERICA



PATRICK FARRELL/MCT

FINDING RECOVERY

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ALLEN BRISSON-SMITH/MCT

STARTING YOUNG

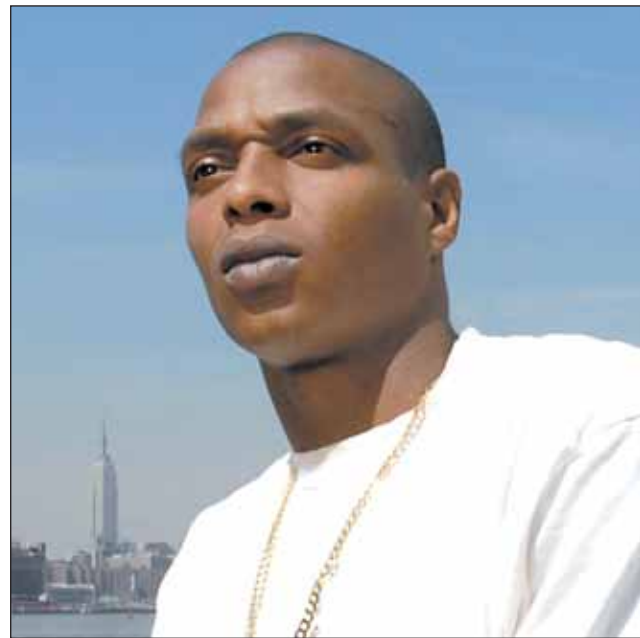
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THE MANY FACES OF ADDICTION AND RECOVERY

Over the past 15 years, studies have offered striking new research on the genetic patterns of addiction, leading to new medications, connected services and increasing recognition of addiction as a chronic disease. Still, of the more than 22 million Americans addicted to alcohol and drugs, nine out of 10 don't find their way to readily available treatment for reasons that include denial, shame, expense and an often fatal misunderstanding of the disease that holds them in its grip. "Silent Treatment" details the efforts to bring addiction out of the shadows, focusing on programs and people who are helping make treatment more accessible and effective.

Working from the bottom up

A family's generational struggle to live with addictions

By THOM FORBES
Public Access Journalism

I am, at the least, a fourth-generation alcoholic. So is my wife, Deirdre. Our 22-year-old-daughter, Carrick, is a recovering heroin addict.

Most members of our family have been successful professionally — Deirdre's father was an attorney and judge; my side brims with journalists who kept the proverbial pint flask in their desk drawers.

My great-grandfather was run over by a trolley car while covering a story in 1904 — still reporting, probably inebriated, but certainly a broken man who was estranged from his family. Many of his progeny shared his taste not only for booze but also for the illusory camaraderie that goes with it in bars and binges.

Most of us got sober, but we've taken different routes to get there. I've learned along the way that there is a difference between not using a drug and being in recovery, which



HARRY DIORIO/MCT

Thom Forbes' alcoholism began in his teens.

encompasses the way you lead your life, interact with other people and face your mortality.

To greater and lesser degrees, we functioned despite our illnesses, as many of you, or your loved ones, do today. More than 22 million of us older than 12 abuse or are dependent on alcohol or illegal drugs, according to 2004 government figures, and that's not counting prescription drug misuse, a rising crisis. Sixty-three percent of Americans say that addiction — their own or another's — has had an impact on their lives.

I first swore off booze as a 16-year-old who'd stop off in a saloon on the way home from high school for a few boilermakers — shots of bourbon chased by a beer. That period of sobriety lasted a few weeks; relapse is part of this disease.

I had my last drink two decades ago, when I was 32. My bottom came when I discovered the liquor cabinet was dry one evening. With my toddler tugging on my leg for attention, I felt physically compelled to buy a bottle of vodka, spiritually driven to stop letting alcohol control my life, and intellectually determined to end the cycle of waking up with a hangover, nipping at lunch to feel "normal," imbibing in the evening to get blotto and arising again with a hangover.

Few of my friends thought I had a problem; most drank as much as I did. My best buddy from those days, prone to depression and Seagram's 7, blew his brains out 10 years ago, still drinking.

I did not seek treatment or help

from a 12-Step program like Alcoholic Anonymous because I was not comfortable turning over my life to a "higher power."

Whenever someone asks me how to get sober, however, my first recommendation is to head to the nearest 12-Step meeting. Deirdre did, and the fellowship she found "in the rooms" was the cornerstone of her recovery 19 years ago — and counting.

You're always counting, because sobriety is, as the AA slogan goes, "one day at a time." The reality is that I picked up a lot of the 12-Step philosophy by osmosis, and its precepts have helped not only the millions who join but countless others who are "sick and tired of being sick and tired."

Every treatment philosophy has its zealots, from 12-Steppers to members of therapeutic communities such as Phoenix House that break you down in order to build you up. Any of

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The Forbes — from left, Deirdre, Thom, Duncan and Carrick, near their home in Hastings-on-Hudson, N.Y. — are among the many American families dealing with addiction.

Generational: Finding a way to battle addiction, ‘one life at a time’

From *GENERATIONAL*, page 1

them may work for you. Some will tell you that their way is the only way. That’s true only to the extent that it’s true for them. The bottom line is that many people overcome their addiction and flourish, but less than 10 percent of people who need intensive treatment at a substance abuse facility actually receive it in a given year, according to the federal Substance Abuse & Mental Health Services Administration.

Deirdre and I had our own ideas about what would work for our daughter, Carrick, who first drank at 12, smoked marijuana at 13, dabbled in other recreational drugs by 15, became a heroin addict at 17 and met her bottom while speedballing — mixing heroin and cocaine — at 19. By that time, she had been through three emergency rooms, seven detoxes, three short-term residential programs, a four-month wilderness therapy program, several 12-step programs, four special schools and had prematurely quit a long-term treatment community twice. She had talked to dozens of psychiatrists, psychologists, social workers, medical doctors and addiction counselors. The deeper her addiction took hold, the better she got at telling them all what they wanted to hear.

After she turned 16, Carrick was often away from home. When she’d visit our suburban New York state home, she recently recalled, “I would come home with a warm greeting, pillage the house and leave with a warm farewell. It was not just stealing money, but time, sleep and sanity.”

We eventually told Carrick that we would no longer enable her in her addiction — including providing shelter and food — while she was using drugs, but we would do anything we humanly could to help her in

her recovery. Some people feel that barring our daughter from our home was heartless. We knew her life was at risk every day she was on the streets of New York City, but she proved time and again that she would not face her recovery as long as we protected her from her bottom. Nor was it fair to our son, Duncan, five years younger. Or ourselves.

In the end, Carrick decided, on her own, to try methadone maintenance, a controversial treatment that critics contend “substitutes one drug for another.” It saved our daughter’s life. She is gradually reducing her dosage with the intention of quitting; others may need to stay on methadone all of their lives. Many become productive members of society, no longer scheming for the next fix.

“You’ve got to meet addicted individuals on their own terms rather than confront them on yours,” says Dr. Harris B. Stratyner, clinical division director of Addiction/Recovery Services for the Mount Sinai Medical Center in New York. “The goal is to get people to completely stop using, but not to say to them, ‘You’re using, therefore I’m not going to engage you in treatment.’ That’s not the way you motivate someone.”

Stratyner is a leading proponent of a “carefrontation” model of treatment, which holds that addicted individuals should not be held responsible for having their disease any more than diabetics are, but must take responsibility for their recoveries. So must the family and friends who get caught in the vortex of lies and manipulations that swirl around an addicted person.

Some say that it’s fruitless to force a person into treatment, particularly a teenager who is still enjoying the dopamine-induced good feelings that drugs undeniably provide. More than 80 percent of teens relapse within a year of treatment, according to one

study. Carrick will tell you, however, that she took away one very powerful idea from the programs she attended and prematurely left: When she was ready, she could get better. And once she tried, we again did everything we could to help.

“Without trying to sound melodramatic, giving me another chance probably saved my life,” Carrick says. “The line between enabling and supporting sometimes requires you to take a risk and hold onto realistic hope.”

Call it paternalistic — in my case it literally was — but addicts frequently don’t know what’s best for them and interventions may be necessary. When Carrick was living on the streets, we prayed that she would be arrested and mandated to treatment by a judge. When she was finally nabbed for theft, however, she was sentenced to 30 days in jail. She celebrated her release by getting high.

Drug courts around the nation are beginning to substitute treatment for incarceration for nonviolent offenders. About 80 percent of the more than 2 million teens in the juvenile justice system have drug and alcohol problems, according to figures compiled by the Robert Wood Johnson Foundation, and a similar percentage have diagnosable mental illnesses.

Indeed, addicted individuals of all ages who suffer from illnesses such as bipolar disorder may use mind-altering drugs to self-medicate. We once begged the admitting doctor at a psychiatric hospital to treat Carrick’s underlying depression. We were devastated when he not only gave us the party line that Carrick would first have to abstain from drugs, but also expressed his doubt, based on her

record, that she’d be able to do so.

She has, though, and is attending college with the intention of becoming a fifth-generation journalist. An antidepressant stabilizes her mentally; she says she no longer “gets in a crummy mood for no apparent reason.”

In 1998, more than 10 years after she got sober, my wife Deirdre became so deeply depressed and suicidal that I marked her survival from hour to hour. She eventually signed herself into New York Hospital-Cornell Medical Center, a psychiatric hospital in White Plains, N.Y. Her life was saved by electroconvulsive therapy, antidepressants and talk therapy. She has gone on to become an accomplished substance abuse advocate and professional, working as an intake coordinator for Madison East, a unit within New York’s Mt. Sinai Medical Center. She’s a happy and productive wife, mother and citizen.

Fortunately, we’ve been able to afford treatment for her and Carrick over the years, but because New York state lacks a parity law for mental health and substance abuse, insurance coverage has been erratic and spotty. We’ve broken into retirement IRAs and refinanced our mortgage to pay medical bills.

What’s most unfortunate to many of us on the front line — addicts and family members — is that the war on drugs has become a polarized battle between two camps: hardliners whose “zero tolerance” approach relies on interdiction and prisons for illegal drugs and laissez-faire libertarians and reformers who believe that

supply, demand and individual choice should allow the market to reach its natural level.

The market for mind-altering drugs is a lucrative one, indeed. They are responsible for the livelihoods, legal and illegal, of millions of people worldwide — from drug lords to rapid detox clinicians, from bartenders to prison guards, from bureaucrats to copywriters. A recent study by researchers at the University of Connecticut confirmed that the more alcohol ads teens see, the more they drink. But the alcohol industry has the economic muscle to protect its interests: The beer industry in the United States alone spends \$1.36 billion in measured advertising dollars annually, employs 1.78 million people, pays \$54 billion in wages and benefits, and generates \$30 billion in taxes.

The money for treatment is harder to come by. The Bush administration’s \$12.7 billion drug control budget request for 2007 earmarks 65 percent for interdiction and law enforcement and barely 36 percent for treatment and prevention. A National Center for Addiction and Substance Abuse report found that of the \$277 each American paid in state taxes to deal with substance abuse and addiction in 1998, only \$10 went toward treatment and prevention.

There is an obvious common ground: People. If we were to focus our efforts on the family members, friends and neighbors whose brain chemistry has been altered by drugs and alcohol, and treat abuse and dependency as the public health scourge that it is, we’ll have declared a war on addiction.

It’s a campaign that can be won, one life at a time. I’ve seen it happen.

Thom Forbes is an author, blogger on addiction and recovery, and former reporter for the *New York Daily News*.

“You’ve got to meet addicted individuals on their own terms rather than confront them on yours.”

— Dr. Harris B. Stratyner, Mt. Sinai Medical Center, New York

CREDITS

ABOUT THE PROJECT

“Silent Treatment: Addiction in America” is a national, multimedia public education initiative produced by Public Access Journalism LLC, an independent media company, and supported by the Robert Wood Johnson Foundation. The centerpiece of the project, the five-part newspaper series reprinted here, was distributed nationwide and designed by McClatchy-Tribune Information Services (MCT). For more information and resources, visit www.silenttreatment.info.

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Pain and secrecy of addiction shape 'wounded healers'

By THOM FORBES
Public Access Journalism

Our family's private battle with addiction became very public when "Saving Carrick," a "Dateline NBC" documentary about our daughter's recovery from heroin dependency, first aired in July 2005.

We participated in that story, even filming embarrassing scenes of confrontation and dysfunction ourselves, because my wife Deirdre and I wanted to help to break the hush-hush silence that surrounds this disease.

Indeed, addiction to alcohol and other drugs is the "Elephant on Main Street" — the name of the Web site and blog we've set up (elephantonmain.com) to discuss a growing problem in our communities that many people pretend they don't see.

Deirdre and I have both been sober since the mid-1980s. In 2002, we started talking openly about our own struggle with alcoholism and drugs when we were young adults because we felt that some members of our community were dismissing their children's experimentation with mind-altering substances as a "rite of passage" to be treated with a wink — or even a nod.

We are by no means alone in turning our experience into advocacy. There is a long history in the recovery movement of what William L. White, author of "Slaying the Dragon: The History of Addiction Treatment and Recovery in America," calls "wounded healers" — men and women who overcome their afflictions and then feel compelled to help others.

Many of today's prominent support groups, treatment facilities and philanthropies have been born from the experience of recovery alcoholics and addicts or those affected by them, including Alcoholics Anonymous, the National Council of Alcohol and Drug Dependence, the Christopher D. Smithers Foundation, the Lowe Family Foundation and the Betty Ford Center.

Within days of the death of his 25-year-old son from a fatal dose of alcohol and Ecstasy last year, prominent attorney Robert Shapiro launched the Brent Shapiro Foundation for Drug Awareness (www.foundationfordrugawareness.com) to raise awareness, support research and engender discussion about chemical dependency.

On a grassroots level, thousands of ad hoc groups around the country — many of them also formed after personal heartbreak — are addressing the needs not only of addicts, but also of family members, including the siblings who often are innocent victims of the disease.

"A vanguard of recovering people and their families are standing together to offer themselves as living proof of the existence and transformative power of successful long-term recovery," White says. "They are educating local communities, reaching out to those still suffering, organizing new recovery support services and advocating pro-recovery social policies."

Libba Phillips started Outpost for Hope (outpostforhope.org) when her younger sister, who suffers from mental illness and crack cocaine and alcohol addictions, disappeared in



Putnam Valley (N.Y.) High School student Peter Ries, left, works with teacher Frank Reale to produce prevention and recovery videos for young people. The peer-to-peer message seems less like a lecture because it comes from students, Ries says.

1999 and her family discovered that law enforcement and social services organizations were unwilling or unable to help. Based in Citrus Heights, Calif., the group helps other families looking for missing loved ones, many of whom, with co-occurring addiction and mental disorders, navigate what Phillips calls "the lost highway."

"It has given me a purpose," she says.

"There's a real power in numbers, to know that you're not the only person who's going through this."

The Peers Influence Peers Partnership (peerspartnership.org), which carries a prevention and recovery message to young adults across the country, was founded in 1993 after the cousin of a student in Frank Reale's video production club in the Putnam Valley, N.Y.,

“The future of addiction treatment and recovery in America hinges on the success or failure of this new recovery advocacy movement.”

— William L. White, author of "Slaying the Dragon: The History of Addiction Treatment and Recovery in America"



■ For more information, resources and interactive forums on substance abuse issues, visit www.silenttreatment.info.
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school system died in a drunk driving accident. Since then, more than 250 high school and college students have created and produced a dozen hourlong videos and public service announcements broadcast via satellite each year to a thousand locations across the country.

"Having it come from kids rather than adults, it's less of a lecture and more trying to really help someone," says Peter Ries, 16, a junior at Putnam Valley High School.

Pat Nichols, a travel agent in Edmond, Okla., formed Parents Helping Parents (www.parentshelpingparents.info) in 2000 to help other families avoid the pain he was experiencing watching his son deal with addictions to both alcohol and drugs. He has counseled more than 1,200 families since then, providing "emergency triage" in the form of referrals and coaching. He's set up a Web site listing local resources, and established two additional chapters in Norman and Stillwater, Okla. — and, as of this writing, his son had just celebrated 90 days of sobriety.

Two years ago, after Joanne Peterson discovered that her 19-year-old son was a heroin addict, she "went through grief, shock and horror before realizing that I was isolating myself." Following a panel discussion about the opiate epidemic sweeping the area where she lives south of Boston — 29 young people died from overdoses in Bristol and Plymouth counties alone in 2005 — Peterson told a newspaper reporter that she'd like to start a parents group. She received nearly 100 e-mails after the story appeared in the Patriot Ledger newspaper, in Quincy, Mass. Learn To Cope (www.learn2cope.org) now conducts weekly meetings for 280 members, and maintains an active Web site and online discussion group. Peterson's son just celebrated a year of recovery.

Collectively, these mutual aid groups transcend the comfort and support they offer their participants, according to historian White.

"The future of addiction treatment and recovery in America," he says, "hinges on the success or failure of this new recovery advocacy movement."

The top 10 addiction myths — and myth busters

Public Access Journalism

Think you know about addiction? Then these common myths may sound familiar:

MYTH 1: Drug addiction is voluntary behavior.

You start out occasionally using alcohol or other drugs, and that is a voluntary decision. But as times passes, something happens, and you become a compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain — in dramatic, toxic ways at times, more subtly at others, but virtually always in ways that result in compulsive and even uncontrollable drug use.

MYTH 2: Drug addiction is a character flaw.

Drug addiction is a brain disease. Every type of drug — from alcohol to heroin — has its own mechanism for changing how the brain functions. But regardless of the addiction, the effects on the brain are similar, ranging from changes in the molecules and cells that make up the brain to mood and memory processes — even on motor skills such as walking and talking. The drug becomes the single most powerful motivator in your life.

MYTH 3: You can't force someone into treatment.

Treatment does not have to be voluntary. Those coerced into treatment by the legal system can be just as successful as those who enter treatment voluntarily. Sometimes they do better, as they are more likely to remain in treatment longer and to complete the program. In 1999, more than half of adolescents admitted into treatment were directed to do so by the criminal justice system.

MYTH 4: Treatment for drug addiction should be a one-shot deal.

Like many other illnesses, drug addiction typically is a chronic disorder. Some people can quit drug use "cold turkey," or they can stop after receiving treatment just one time at a rehabilitation facility. But most people who abuse drugs require longer-term treatment and, in many instances, repeated treatments.

MYTH 5: We should strive to find a "magic bullet" to treat all forms of drug abuse.

There is no "one size fits all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems. And they respond very differently to

similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs. Finding an approach that is personally effective can mean trying out several different doctors or treatment centers before a "match" is found between patient and program.

MYTH 6: People don't need treatment. They can stop using drugs if they really want to.

It is extremely hard for people addicted to drugs to achieve and maintain long-term abstinence. Research shows that when long-term drug use actually changes a person's brain function, it causes them to crave the drug even more, making it increasingly difficult to quit without effective treatment. Intervening and stopping substance abuse early is important, as children become addicted to drugs much faster than adults and risk greater physical, mental and psychological harm.

MYTH 7: Treatment doesn't work.

Studies show drug treatment reduces drug use by 40 percent to 60 percent and can significantly decrease criminal activity during and after treatment. There is also evidence that drug addiction treatment

reduces the risk of infectious disease, hepatitis C and HIV infection — intravenous-drug users who enter and stay in treatment are up to six times less likely to become infected with HIV — and improves the prospects for getting and keeping a job up to 40 percent.

MYTH 8: No one voluntarily seeks treatment until they hit rock bottom.

There are many things that can motivate a person to enter and complete treatment before that happens. Pressure from family members and employers, as well as personal recognition that they have a problem, can be powerful motivators. For teens, parents and school administrators are often driving forces in getting them into treatment before situations become dire.

MYTH 9: People can successfully finish drug abuse treatment in a couple of weeks if they're truly motivated.

For treatment to have an effect, research indicates a minimum of 90 days of treatment for outpatient drug-free programs, and 21 days for short-term inpatient programs. Follow-up supervision and support are essential. In all recovery programs, the best predictor of success is the length of treatment. Patients

who are treated for at least a year are more than twice as likely to remain drug-free, and a recent study showed adolescents who met or exceeded the minimum treatment time were more than one and a half times more likely to stay away from drugs and alcohol.

MYTH 10: People who continue to abuse drugs after treatment are hopeless.

Completing a treatment program is merely the first step in the struggle for recovery that can last a lifetime. Drug addiction is a chronic disorder; occasional relapses do not mean failure. Psychological stress from work or family problems, social cues (like meeting someone from the drug-using past) or the environment (encountering streets, objects or even smells associated with drug use) can easily trigger a relapse. Addicts are most vulnerable to drug use during the few months immediately following their release from treatment. Recovery is a long process and frequently requires multiple treatment attempts before complete and consistent sobriety can be achieved.

SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE; NATIONAL INSTITUTE OF HEALTH; DR. ALAN I. LESHNER, FORMER DIRECTOR OF THE NATIONAL INSTITUTE ON DRUG ABUSE; "THE PRINCIPLES OF DRUG ADDICTION TREATMENT: A RESEARCH-BASED GUIDE" (OCTOBER 1999); THE PARTNERSHIP FOR A DRUG-FREE AMERICA